



COVID 19 Waiver

We are following the Center for Disease Control (CDC) guidelines to protect the public from the COVID-19 pandemic. To this extent, all individuals entering the gym must be asked the following questions:

- I confirm that I am not presenting any of these COVID-19 symptoms: _____ (Initial)
• Fever • Shortness of breath • Dry cough • Runny nose
- I confirm that I have not been in contact with a person who has been diagnosed with COVID-19 within the past 14 days. _____ (Initial)
- I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. The CDC recommends social distancing of at least six feet for a period of 14 days for anyone who has recently traveled. _____ (Initial)
- I verify that I have not traveled outside the United States within the past 14 days. _____ (Initial)

Printed Name: _____

Date of Birth: _____

Signature: _____

Today's Date: _____